POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	$\nearrow \nearrow$	70029	3/18/02
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

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Claim		_ (Through numera	I) Canceled	Α	Appeal	
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If more than 150 claims or 10 actions staple additional sheet here